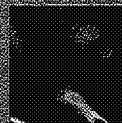


PSJ15 Exh 10

O A P C

OXFORD AMERICAN POCKET CARDS



Breakthrough Pain

Pain Management pocketcard Set

General Approach to Pain Management

ASK:

Always ask patient about the presence of pain and accept the patient's report of pain.

ASSESS:

Perform a comprehensive pain assessment:

- Onset, duration, and location
- Quality (sharp, dull, diffuse, throbbing, etc)
- Intensity (1-10 scale, for example)
- Aggravating and alleviating factors
- Effect on function and quality of life
- Patient's goal for pain control
- Response to prior tx if condition is chronic
- History and physical examination

TREAT:

- With older adults, start dose low, go slow, but go!!
- Avoid IM route, the PO route is preferred
- Treat persistent pain with regularly scheduled meds
- Two drugs of the same class (eg, NSAIDs) should not generally be given concurrently, however long- and short-acting opioids may be prescribed together
- Avoid meperidine (per American Pain Society and ISMP) and propoxyphene (cardiotoxic and ↓ efficacy)

MONITOR:

- Assess and reassess pain frequently
- Most opioid agonists have no analgesic ceiling dose; titrate to relief and assess for adverse effects
- Assess, anticipate, and manage opioid adverse effects aggressively
- Discuss goals and plans with patient and family
- Addiction rarely occurs unless there is a hx of abuse
- Watch for red flags of addiction:
 - 1) Compulsive use
 - 2) Loss of control
 - 3) Use despite harm

Breakthrough Pain Management

General

- Use long-acting opioids around the clock for baseline management of persistent pain
- Use short-acting opioids PRN (rescue) for breakthrough pain
- Consider using the same drug for both baseline and rescue doses whenever possible (eg long-acting morphine + short-acting morphine)

Rescue dosing

- The rescue dose is 10%-15% of the 24-h total daily dosage
- Oral rescue doses should be available every 1-2 h; parenteral doses every 15-30 minutes

Adjustment

- If the patient is consistently taking ≥ 3 rescue doses daily, consider increasing the baseline round-the-clock dosage
- Recalculate rescue dose whenever the baseline dosage is changed

Example

Calculate rescue dose for patient on baseline coverage of MS Contin 200 mg q 12 h:

1. Calculate total daily dosage:
 $200 \text{ mg} \times 2 = 400 \text{ mg morphine/d}$
2. Establish rescue dose:
 $10\% - 15\% \text{ of } 400 \text{ mg} = 40 - 60 \text{ mg short-acting morphine}$
3. Oral rescue dose therefore is:
 $\text{morphine } 40 - 60 \text{ mg PO q } 1 - 2 \text{ h}$
4. Parenteral rescue dose (based on continuous infusion): Calculate based on 25%-50% of hourly dose

Pain Types

| Type | Examples | Quality |
|-----------|--|--|
| Localized | Trauma, burns, bone metastasis | Constant, sometimes throbbing or aching, tender, and localized to the site of origin |
| Visceral | Renal stone passage, small bowel obstruction, appendicitis, cancer | Poorly localized, may be referred to distant cutaneous site (eg, diaphragmatic irritation referred to ipsilateral shoulder), often associated with nausea or diaphoresis |